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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4801

SERIAL NUMBER 09/886,011	FILING DATE 06/22/2001  RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 07414.0040-00000
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	4	123	17
Verified and Acknowledged	Examiner's Signature <i>M</i>	Initials			

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## TITLE

Dye-labeled ribonucleotide triphosphates

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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